

| POSITION                  | INITIALS      | IP. D.           | DATE            |
|---------------------------|---------------|------------------|-----------------|
| FEE DETERMINATION         |               |                  |                 |
| O.I.P.E. CLASSIFIER       | <i>BS</i>     | <i>32</i>        | <i>2/5</i>      |
| FORMALITY REVIEW          | <i>1</i>      | <i>TC 5-1000</i> | <i>02/21/01</i> |
| RESPONSE FORMALITY REVIEW | <i>1/1/01</i> | <i>780</i>       | <i>H-30-01</i>  |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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